

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**  
04-28-2003 90543 011 \*\*\*150.00

**DOCUMENT #** P00000004354

**1. Entity Name**  
AWR CABINETS, INC.



**Principal Place of Business**  
4150 ST JOHNS PARKWAY  
STE 1006  
SANFORD FL 32771

**Mailing Address**  
120 COASTLINE RD.  
STE 1006  
SANFORD FL 32771

**2. Principal Place of Business**

4155 St. Johns Pkwy

**3. Mailing Address**

4155 St. Johns Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1500

Suite 1500

City & State

City & State

Sanford FL

Sanford FL

Zip

Zip

32771

Country

USA

Country

USA

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

ELLIOTT, STEPHEN W  
120 COASTLINE RD.  
STE 1006  
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

4155 St. Johns Parkway

Ste. 1500

City

Sanford

FL

Zip Code

32771

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Stephen W. Elliott*

4/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	ELLIOTT, STEPHEN W	
STREET ADDRESS	5155 PLATO COVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Stephen W. Elliott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Date

407-323-1415

Daytime Phone #

CR2E034 (10/02)